

D.I. # \_\_\_\_\_

**CIVIL ACTION****NUMBER:** \_\_\_\_\_

07- 281

U.S. POSTAL SERVICE  
CERTIFIED MAIL RECEIPT(S)

7007 0710 0003 9054 6500

<b>U.S. Postal Service™</b>	
<b>CERTIFIED MAIL™ RECEIPT</b>	
<i>(Domestic Mail Only; No Insurance Coverage Provided)</i>	
For delivery information visit our website at <a href="http://www.usps.com">www.usps.com</a>	
<b>OFFICIAL USE</b>	
Postage	\$ 1.31
Certified Fee	2.65
Return Receipt Fee (Endorsement Required)	2.15
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.11
WARDEN TOM CARROLL	
Sent To	DELAWARE CORRECTIONAL CENTER
Street, Apt. No., or PO Box No.	1181 PADDOCK RD.
City, State, ZIP+4	SMYRNA, DE 19977
076V281JJP	
PS Form 3800, August 2006	
See Reverse for Instructions	

Postmark Here

